

Bureau of Professional Licensing PO Box 30670 ● Lansing, MI 48909 Telephone: (517) 241-0560

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CERTIFICATION OF APPOINTMENT TO AN ACADEMIC INSTITUTION

Authority: 1978 PA 368

This form must be submitted directly to this office by the Director of Medical Education office. If this form is submitted by the applicant, it will not be accepted.

Section of Form to be Completed by Applicant:		
Applicant's Name (First, Middle, Last)		Date of Birth
Address		
City	State	Zip Code
Telephone Number	Email Address	
Applicant's Signature	Date	
Remainder of Form to be Completed by the Director of Medical Education		
Name of Academic Institution		
Address of Academic Institution		
City	State	Zip Code
CERTIFICATION AND SIGNATURE		
I certify the applicant named above has been duly appointed to the institution named above in the clinical area of		
beginning and ending, (Month/Day/Year) (Month/Day/Year)		
·		(Month, Day, 1 car)
The applicant is appointed to the following position: Teaching Research		
I further certify that the above-named academic institution meets all of the following requirements:		
1. Was the sole sponsor or a co-sponsor, if each other co-sponsor is either a medical school approved by the board or a hospital owned by the federal government and directly operated by the United States department of veterans' affairs, of not less than four postgraduate education residency programs approved by the board under section 17031(1) for not less than the three years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2), provided that at least one of the residency programs is in the specialty area of medical practice, or in a specialty area that includes the subspecialty of medical practice, in which the applicant for a limited license proposes to practice or in which the applicant for a full license has practiced for the hospital.		
2. Has spent not less than \$2,000,000.00 for medical education during each of the three years immediately preceding the date of an application for a limited license under section 16182(2)(c) or an application for a full license under section 17031(2). As used in this subparagraph, "medical education" means the education of physicians and candidates for degrees or licenses to become physicians, including, but not limited to, physician staff, residents, interns, and medical students.		
Signature of Director of Medical Education	Date	
Print or Type Name of Director of Medical Education	(Seal) If aca	demic institution has no seal, please indicate.